



DALGARNO INSTITUTE

— NO BRAINER AOD EDUCATION OVERVIEW

DALGARNO INSTITUTE IS UNIQUE IN...

- Pioneering Community initiated Alcohol and Drug Advocates and Educators.
- We utilize multidiscipline, innovative and integrated advocacy and education programs, approaches and pedagogies.
- Solid research backing with qualified and highly experienced staff and supporters including Clinicians, Medical Practitioners, Academics, and Educators.
- Empowerment model based on 'together' not simply promoting individuality – promoting positive peer engagement and intervention.
- Assisting young people and communities to look beyond the 'pop-culture' and often intimidating peer solidarity, to little considered but imperative psycho-social health benefits and elements– including values formation and worldview calibration.
- We focus beyond symptoms and 'Band-aid' approaches and endeavour to skill young people and communities to investigate causal and big picture reasons behind the 'noisy' and very 'messy' symptoms

PRIMARY OBJECTIVE:

Demand Reduction – Primary Prevention.

To promote and resource young people (and families) to embrace and sustain best evidence-based practice for well-being: the denying or delaying uptake of drug use.

GENERAL AIM:

To assist in building socio-emotional resilience into the child and its immediate socialization framework (i.e. family, community). To create both awareness and empowerment to enable the emerging adult to maximize their potential that only a substance free life can provide.

“Further to that, we seek to help families, communities and individuals to develop a sustainable ‘Resiliency Script’¹. Through our Affective and Cognitive Domain education processes we assist students and families in discovering resiliency enhancing options based on a sustainable [Protective Factors](#), that enable them to make wise personal and community benefiting choices, particularly around the denial or delay of uptake of drugs.”

IMPERATIVE ELEMENTS EXPLORED IN THIS PROGRAM ARE...

- **Causal issues** – motivators and primers that coerce or seduce young people into alcohol and substance use and abuse.
- **Demand Reduction focus** – Best evidence-based research reveals that there is NO safe level of alcohol and particularly other drug use for the developing brain (up to 25 years of age) This evidence makes clear that abstinence is the best practice for this demographic and as such should figure as a priority in prevention models.
- **Resiliency education** including introduction to Learned Optimism and holistic personhood development strategies.
- **Predicative issues** including sustainable World-View calibration and assimilation.



It has been assumed by some that AOD education has little impact on preventing uptake of substance use. Often the reason for this past held assumption was that AOD education was simply a matter of 'data exchange'. As any serious educator knows, there is more to learning than the mere presentation of data or exchange of information.

What we have known for decades and has now come to the attention of most educators, is that there are other key and foundational issues that need to be in place for AOD education to prevent, or at least, delay uptake of substance use.

WE KNOW THAT.....

1. **Affective Domain Education is key** – Most effective resiliency development that is founded on key Anthropological criteria including, sound values, rational epistemological constructs, all informed by a sustainable framework for meaning, identity and significance, is indispensable in developing better protective behaviours and 'others-focused' conduct.
2. **Key Two** - Another vital component is a school/community space that promotes a clear and uncompromising message and environment of care, safety and consistency in both mandate and model. When every aspect of school life consistently informs a homogenous preventative view that doesn't concede any 'permissive' message, there is a greater depth of compliance and lesser risk of uptake in school settings.
3. **Key Three** – is the promotion of an environment of preventative care in the home and family life of the students. When parents (and peers) are consistently educated and equipped in regard the dangers/ consequences and capacity diminishing realities of early onset of alcohol (particularly) and other drug use, and this is consistently reinforced in advice and information presented to the parent/community, there is a significantly higher retention of message and influence on culture change. The need to develop and strengthen mentoring/parenting relationships and protective peer connectivity are part of a holistic culture of care. The incursions and curriculum both reflect, endorse and promote these and assist the immediate environment (School/family/club) to pursue both human and other resources in their communities to further enhance the protective messaging and model.
4. **Key Four** – community and government messages are consistent in militating against early uptake and the dangers of use. Dalgarno Institute (among others) have been party to seeing community and government attitudes shift, including the introduction of 'secondary supply' laws, better RSA (responsible serving of alcohol) legislation, tougher scrutiny of liquor licences and efforts to raise the Minimum Legal Drinking Age to 21, all lend themselves to a stronger message of prevention on AOD uptake and use.
5. **Key Five** – Both the Cognitive Domain Education and Affective Domain Pedagogy must include logos, pathos, ethos and activity that link into the real world with real people who live the message they are promoting – This 'Modelling' mode, particularly of Ethos of the practitioner is about expressing value of not only student, but the protective culture. (The '*do as I say, not as I do*' model is very counterproductive). Therefore, the opportunity for the educated and professional expression of lived experience and earned resiliency, along with community engagement of such practitioners, on the AOD issue, is significant, as most practice-based evidence models confirm. One of the key assets of 'Fence Building' (not mere 'ambulance driving') Schools is that they have the vision to better develop and mandate such protective and proactive environments and consequently become a model of success to communities.



Coalition of Alcohol and Drug Educators

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Member of:

W.F.A.D (World Federation Against Drugs)

I.T.F.S.D.P. (International Task Force for Strategic Drug Policy)

N.A.A.A (National Alliance for Action on Alcohol)

Other Programs:

'BOUNCING BACK'

Parent Information Night
(Introduction to Resiliency)

'B.O.W.I.'

(Better Off Without It)
Sport club seminars

Fence Builder

(Refer to www.dalgarnoinstitute.org.au)

Isabella's List

(Refer to www.dalgarnoinstitute.org.au)

21 Be There

(Refer to www.21bethere.org.au)

